

2003 National Disaster Medical System Conference Manual

Pre-conference Courses

A Emergency Response to Terrorism:

Advanced Life Support Course (16 hrs.) (Brewster)

Saturday, March 8th 0800-1700 hrs. & Sunday, March 9th 0800-1700 hrs.

Carson 1

Douglas Wolfe, EMT/P

This course is designed for first-on-the-scene responding Emergency Medical Service (EMS) personnel who have the responsibility to render patient care to victims of terrorist incidents. The students will be trained in security considerations, identifying signs of terrorism, anticipating unusual response circumstances, assessing information, and initiating self-protection actions. They will also apply their knowledge about responding to a terrorist event, providing patient care, identifying and preserving evidence, managing site safety, documenting the event, and debriefing personnel.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Recognize a terrorist event and determine possible response strategies.
- b. Identify the unique personal safety implications associated with a terrorist event.
- c. Identify the security issues that are unique to the terrorist event and to the EMS response.
- d. Understand the basic principles of patient care based upon the type of weapon used in the event.

B Public Health & Medical Preparedness Practicum Program (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (DeAtley)

Carson 2

Craig DeAtley, PA-C

This interactive training program reinforces the importance of response officials having an awareness and understanding of various Federal, State and state health and medical response capabilities and the activities associated with a public health emergency.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify some of the "lessons learned" that many recent incidents have in common.
- b. Discuss legal aspects of important to the management of emergencies.
- c. Describe the roles of various agencies involved in the response to incidents involving health and medical requirements.
- d. Explain several inter-agency coordination processes known to be successful.

C NIIMS Incident Command System (ICS-200) Course (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (Brewster)

Carson 3

Jim Stumpf

This material provides a basic understanding of the principles associated with the ICS. It covers specific details on the principles and features of ICS, organization, facilities, incident resources and terminology and the common responsibilities or general instructions associated with incident assignments. Interactive discussions and exercises scattered throughout the course will be used to provide a positive learning environment.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the eight components of ICS.
- b. Explain the five functional areas of ICS.
- c. Cite the major steps in the Incident Action Planning process.
- d. Discuss the principle behind unified command.

D Basic Amateur Radio Operator Certification Course (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (Stangby)

Carson 4

Ken Alan

Bundy Chanock

Chad Scott

John Holder

Today, more than 680,000 HAM radio operators in the United States stand ready to assist emergency officials and relief organizations when disaster strikes. HAM operators have a long track record of getting the message through when all other systems fail. Students will learn the fundamentals of emergency communications as well as new technology such as FM voice, digital packet, single-sideband and more. Students will complete a licensing examination, affording them all the HAM radio privileges above 30 megahertz. The course is based on a series of self-study modules with instructor demonstrations and information to enter the exciting world of amateur radio operations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the disaster communications systems currently available in the United States and internationally.
- b. Demonstrate proficiency in the use of the Amateur radio Communications system.
- c. Successfully pass the radio operator's license examination offered at the conclusion on the course.

E Critical Incident Stress Management (CISM):

Individual Crisis Intervention and Peer Support (13 hrs.)

Saturday, March 8th 0800-1700 hrs. and Sunday, March 9th 0800-1430 hrs.

(Podell)

Nevada 1

Jeffrey Mitchell, Ph.D.

Crisis intervention is NOT psychotherapy, rather it is a specialized acute emergency mental health intervention which requires specialized training. Thus, crisis intervention is sometimes called "emotional first-aid." Crisis interventions are typically done individually (one-on-one) or in groups. This program is designed to teach participants the fundamentals of, and a specific protocol for, individual intervention. The audience for this class includes both emergency services, military, and

business/industrial peer support personnel without formal training in mental health, as well as mental health professionals, who desire to increase their knowledge of individual (one-on-one) crisis intervention techniques.

- Behavioral Objectives:** At the end of this session, the participant will be prepared to:
- Describe the concept of CISM as a comprehensive crisis intervention program.
 - Explain the role of the individual crisis intervention in the comprehensive CISM program.
 - Define terms and concepts relevant to the study of crisis, traumatic stress and crisis intervention.
 - Demonstrate selected crisis communication techniques.
 - Describe SAFER protocol for individual crisis intervention and its role in comprehensive CISM.
 - Demonstrate the use of SAFER protocol for individual crisis intervention.
 - Review common problems encountered while working with individuals in crisis.

F Instructional Techniques for Emergency Managers (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (Brewster)
Nevada 2
Jeff Dyar, EMT/P

This course will provide the student with an operational understanding of instructional principles and techniques relevant to emergency program management.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- Describe an overview of the “four step” learning circle.
- Explain the various activities involved in preparing training sessions.
- Describe the difference in learning styles between adult and children.
- Describe how to design and develop practical applications.
- Explain various evaluation processes.
- Discuss presentation techniques known to make training more effective.

G Winter Emergency Care Course (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (Ho)
(off-site at Mt. Rose)
Ben Ho, M.D.

The physical environment on a ski slope or out in the backcountry during winter months presents unique challenges to first responders providing medical aid to ill or injured people. Weather will present health or medical challenges not frequently seen by urban providers; the weather will also change or mask injuries/illnesses as they are presented to the medical professionals. Additionally, providing emergency care in cold, wet, or harsh conditions creates the need to modify traditional emergency care. The National Ski Patrol (NPS) has perfected the response protocols as well as the educational components of Winter Emergency Care. They provide classroom sessions equal to or greater than EMT-Basic level training, and they conduct on-the-hill (yes, in the snow!) hands-on practical sessions. Attendees will work with NPS educational

professionals to learn these assessment and treatment techniques. Participants will travel to Mt. Rose for this session.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify medical conditions unique to cold weather exposure
- b. Identify how other medical conditions may change in their presentation when the patient is exposed to winter weather.
- c. Describe injuries common to outdoor winter athletics, particularly skiing injuries.
- d. Utilize new techniques to stabilize injuries in outdoor winter conditions, in particular working in the snow.
- e. Know methods for keeping yourself safe and healthy while exposed to harsh weather conditions during emergency response.

H Hospital Emergency Incident Command System Course (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (Stangby)

Nevada 4

Ann Stangby, R.N.

Cheryl Starling, R.N.

HEICS is a model incident command system for hospitals. This eight-hour course will describe the origin of HEICS, its fundamental structure and the attributes of the program that make it successful. Many regulatory agencies are now endorsing an incident command model for hospital preparedness. You will learn how to utilize the system in planning and response as well as tips on integrating HEICS into your hospital. This course is for emergency planners who are planning to implement HEICS or who need refresher instruction. The session will conclude with a tabletop exercise using the HEICS model.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the organizational structure of the Hospital Emergency Incident Management System.
- b. Review the regulatory requirements for use of an incident command system in the hospital setting.
- c. Discuss the characteristics of the HEICS system that facilitate mutual aid.
- d. Demonstrate their use of the HEICS through a tabletop exercise.

I Injury Simulation Courses (two separate 4 hr. courses)

Saturday, March 8th 0800-1200 hrs., and 1330-1730 hrs. (Brewster)

Nevada 5

Marge & Joe Dolan

This fun, hands-on, skill building injury simulation "short course" is designed for those who are interested in learning the art of moulage. Instruction will include techniques for creating WMD simulations. Students will learn to create realistic wounds for use in Mass Casualty Incident Exercises, military medical exercises and training, Emergency Medical Services courses (BTLS, PHTLS, and ATLS), etc. The course will explain the basic application of various materials to create first and second-degree burns, vesicant blistering, and smallpox. Wear old clothes (short sleeves), or bring a smock or bib-type apron.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the basic materials used for creating simulated injuries.
- b. Demonstrate understanding of how the specific injuries are created.

J SEMS Emergency Operations Center Course (8 hrs.)

Saturday, March 8th 0800-1700 hrs. (Brewster)
Nevada 7
Jude Dunham

The goal of the EOC course is to enhance the participants' capability to manage a multi-agency/jurisdiction major emergency/disaster response within an Emergency Operations Center (EOC), and within the five functions specified in the Standardized Emergency Management System (SEMS). This course is designed for support/assistance, supervisory, management and executive personnel, who as part of their job duties or special assignment, will likely be expected to perform in a departmental operating center or in an EOC.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand essential SEMS terms related to an EOC.
- b. Describe some of the essential principles associated with disaster management, including knowledge of the role of an EOC in the management of an emergency or disaster.
- c. Explain the major functions and responsibilities of an EOC.

K Emergency Management for Health Systems Course (8 hrs.)

Sunday, March 9th 0800-1700 hrs (Brewster)
Carson 2
Pete Brewster
John Lindsay
David Teeter, Pharm.D.

The recent changes to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) emergency management (EM) standards point health systems towards a more integrated and consistent approach with community EM systems. The eight-hour pre-conference course will prepare students to develop, maintain and evaluate EM programs and apply incident management techniques within an Emergency Operations Center. Case studies, role-playing and ample time for questions will make this course an interactive and rewarding experience.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. List some of the organizations involved in establishing standards for the EM community, including the health sector.
- b. Explain several key EM concepts on which the standards are based.
- c. Describe a general process of EM program development, including the roles of the EM Committee and the EM Program Coordinator.
- d. Explain the various types of planning involved in EM, including the development of mitigation, preparedness, response and recovery strategies for priority hazards.
- e. Describe the process of risk identification, probability assessment and consequence analysis.

- f. Demonstrate the ability to write a Standard Operating Procedure and explain how it relates to an Emergency Operations Plan.
- g. Explain how to establish an ad hoc Emergency Operations Center.
- h. Apply the incident action planning process to solve problems posed by scenarios.

Main Conference Sessions

Sunday, March 9th

Registration

Continental Breakfast

Sunday Morning Concurrent Sessions

Emergency Management and Public Health Tracks

Tahoe

1 Coordinating Local, State and Federal Resources into Hospital Planning (DeAtley)

0800-0930 hrs.

Mike Murphy

David Brynes

Kem Wilson

Tom Vaccarelli

Events both nationally and abroad have demonstrated the need for greater coordination between hospitals, local emergency management and their state and federal partners in disaster planning and response. Current MMRS efforts have addressed the issues of multi-agency and multi-jurisdictional coordination. The speakers will discuss ways you can use WMD planning to strengthen your all hazards response.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the concepts of all hazards planning for hospitals.
- b. Discuss the ways the selected cities have utilized multi-agency planning in strengthening their response plans.
- c. Describe the roles and responsibilities of local, state and federal emergency response agencies.

Response Team Operations and Clinical Track

Nevada 4 and 5

2 Silent Team Members: The Family (Ho)

0800-0900 hrs.

Steve Chin, M.D.

For over a decade, as teams have responded to natural and terrorist disasters throughout the country, their families have waited patiently for their safe return. The physician for the Los Angeles County Task Force will present the difficulties which families face and provide effective strategies which they can use to support deployed teams.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the difficulties which team families face during a deployment
- b. Describe some team strategies which team families can use during disasters
- c. Discuss how other teams provide for family support

3 Special Medical Needs (Rymer)

0900-1000 hrs.

Lew Stringer, Jr., MD

This session will provide information about the Special Medical Needs populations and their needs during a disaster, what communities should do in planning, actions needed before, during and after a disaster, and also what NDMS response teams need to know to provide services for these people after an event.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Define who special medical needs patients are.
- b. Explain some approaches to prepare for managing this population if a disaster affects your area.
- c. Describe how to set up and operate an alternate care facility

Emergency Management and Public Health Tracks

Tahoe

4 Pandemic Flu Case Study and Discussion:

Planning and preparing for the next influenza pandemic:

What you need to know (Burger)

1000-1200 hrs.

Moderator: Ron Burger

Kathleen F. Gensheimer, M.D., M.P.H.

Martin I. Meltzer, Ph.D.

The session will begin with a description of pandemic influenza, detailing its history in the 20th Century, its epidemiology and some of the clinical aspects. The elements of the National Influenza Pandemic Plan will also be discussed. Estimates of the potential impact of the next pandemic will then be presented along with a discussion of the policy implications of those estimates (e.g., how to allocate limited supplies of vaccines and anti-viral drugs) Included in the session will be an overview of some of the tools available to aid the state and local public health system plan and prepare for the next influenza pandemic.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. The history and epidemiology of influenza pandemics in the 20th Century.
- b. Why pandemic influenza still poses a threat to the U.S. and global population.

- c. The main elements of the U.S. National Influenza Pandemic Plan.
- d. Estimates of the potential impact of the next influenza pandemic and the policy implications of those estimates.
- e. How state, local and other public health officials can obtain some tools to help them begin drafting a plan for their locale.

Military Support/Federal Coordinating Center (FCC) Track

Nevada 3

(Invitation Only)

National Disaster Medical System

Federal Coordinating Center (FCC) Orientation

Lt. Col. Bill Kormos

Michael Feeser

Michael Vojtasko

Bruce Young

David Rossi

David Berg

This session will provide an overall orientation to the functions, duties and responsibilities of the Federal Coordinating Center (FCC) and area coordinator. It will be based upon the recently updated draft of the new FCC Guide and will cover all aspects of FCC activities including NDMS area development; reception team development and planning; exercise; and administrative management of evacuated NDMS patients hospitalized or otherwise provided medical care within the designated Patient Reception Area (PRA). The session is specifically directed to NDMS Area Coordinators and other representatives of FCCs who are new to the program. However, since the session will be based on the most recent update to the FCC Guide, it should also be of interest to other area coordinators as well as individuals wishing to learn more about the role of the Federal Coordinating Center.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role and functions of the FCC and Area Coordinator.
- b. Discuss area development to include hospital recruitment, MOU development and sustainment.
- c. Explain reception planning, plan development and exercise.
- d. Discuss reception area patient administration to include tracking, management, reimbursement, discharge and return.

Response Team Management Track

Nevada 2

5 Surviving Any Three Nights Out (Gadbois)

1000-1200 and 1330-1500 hrs.

Christian Gadbois, EMT/P

Russ Mann, R.N.

Steve Richter

Mark Stinson, M.D.

Jess Fender

Warning: Due to popular request, this session will include multiple “Hands On” opportunities! Whether you are a deployment “Veteran” or new to the disaster business, this session has something for you. Even though the Office of Emergency Preparedness has changed its name to the Office Emergency Response, one thing remains the same: The ability to be self sufficient for 72 hours in ALL conditions.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. List the major components of a personal gear bag.
- b. List the major suppliers / vendors of personal equipment and safety gear
- c. Identify and understand the logistical and safety aspects of operating in an Austere environment.
- d. Demonstrate understanding of several ways to pack to conserve space.

Response Team Operations Track

Nevada 4

6 Advanced Rescue Techniques (Ho)

1000-1100 hrs.

Bruce Hagen, EMT-P

Rescue of entrapped patients requires new and innovative techniques. The rescue paramedic for the Oakland Task Force who is also a national Cave Rescue Instructor will demonstrate many of these skills which will allow the extrication of these challenging victims.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the problems associated with deeply entrapped victims
- b. Describe innovative patient packaging techniques
- c. Discuss new patient extrication methods

7 Response to Nuclear Disasters (Ho)

1100-1200 hrs.

Dario Gonzalez, M.D.

This presentation will provide response team members with a basic understanding of the unique hazards associated with events involving nuclear/radiation.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the basic types of radiation and protective measures.
- b. Explain the different scenarios that could be employed by a terrorist.
- c. Describe the methods for self-protection as it relates to those caring for radiation casualties.

Response Teams Clinical Track

8 Venonous Marine Exposures (Rymer)

1000-1100 hrs.

Karen Beth Van Hoesen, M.D., FACEP

Members of DMAT have recently been deployed to the Virgin Islands, Guam and the Gulf coast during hurricanes and flooding. Because of the unique environments in these areas, DMAT members may encounter victims exposed to marine hazards. This lecture will provide the background information necessary to identify and recognize marine acquired stings and envenomations and how to treat these potentially dangerous exposures.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Recognize potentially dangerous marine creatures
- b. Explain how to treat victims of jellyfish envenomation
- c. Explain how to treat poisonous fish wounds and stingray punctures
- d. Describe the appropriate antibiotics to use in marine acquired wounds

9 Dental Disease and Trauma in Disasters (Rymer, Ho)

1100-1200 hrs.

Mark A. Weiner, Col, USAFR, DC

The presenter will discuss dental injury, facial trauma and disease management in austere circumstances, considerations in air/land transport and other dental related issues. The special considerations of oral facial trauma will be addressed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss dental injury and disease management in disasters and austere environments.
- b. Identify facial and dental conditions that will require special considerations in management and transport.
- c. Describe emergency dental treatment for the non-dentist medical provider.

Systems Overview Track

Nevada 7

10 National Disaster Medical System (NDMS) Today (Brewster)

1000-1100 hrs.

Robert Jevic

This session will provide an overview of the background, purpose and evolution of the National Disaster Medical System (NDMS), illustrate its interface with Emergency Support Function (ESF) #8, Health and Medical Services of the Federal Response Plan (FRP), and discuss how the FRP, ESF #8 and NDMS are being used to develop capabilities at the local, State, regional and national levels to manage the consequences of terrorist use of Weapons of Mass Destruction (WMD).

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe an overview of the background, purpose and evolution of the NDMS.
- b. Illustrate how NDMS interfaces with ESF #8.
- c. Discuss how these Federal resources, along with State and local resources would be used to manage a WMD event.

11 Federal Response Plan: Overview of Operating Facilities (Brewster)

1100-1200 hrs.

496 Jeff Glick

497

498 When the Federal Response Plan is implemented in response to a request for
499 assistance by a Governor of an affected State, the Federal Emergency Management
500 Agency (FEMA) regional office deploys personnel and equipment to conduct a rapid
501 needs assessment with State officials, followed by a team that co-locates with the State
502 Emergency Operations Center. This session will describe these and other operating
503 facilities that support effective inter-agency disaster response and recovery.

504

505 Behavioral Objectives: At the end of this session, the participant will be prepared to:

- 506 a. Explain the purpose and basic structure of the Federal Response Plan.
507 b. Describe its implementation process.
508 c. Discuss the various operating facilities established during the response to a
509 major disaster.

510

511 **Lunch (on your own)**

512

513 **Sunday Afternoon Concurrent Sessions**

514

515 **Emergency Management Track**

516 Nevada 2

517

518 **12 Using the Media for Good Results** (Stangby)

519 1330-1500 hrs.

520 Captain Pete Howes

521

522 This session will offer guidance to hospitals and EMS providers on working with
523 and not against the media. The basic principles for successful communication before,
524 during and after an event will be reviewed. The barriers to a successful response will be
525 discussed from the viewpoints of a public information officer and the media.

526

527 Behavioral Objectives: At the end of this session, the participant will be prepared to:

- 528 a. Discuss the importance of building a relationship with the media prior to a
529 disaster.
530 b. Review the components of an effective media communication plan
531 c. Discuss the role of the media in communicating public safety messages

532

533 **Public Health Track**

534 Tahoe

535

536 **13 Biosurveillance: Utilizing ESSENCE II in Emergency Response**

537 1330-1500 hrs.

538 Joe Lombardo

539

540 Early detection of abnormal disease activity can provide public health officials
541 and emergency response personnel with the information they need to effectively and
542 efficiently respond to a disease outbreak. Additionally, having the ability to spatially view
543 the illness in the community allows emergency personnel to set up triage and
544 prophylaxis stations in the appropriate locations to maximize their impact. This type of

enhanced response can provide effective treatment to those who need it most while minimizing casualties.

The Electronic Surveillance System for the Early Notification for Community-Based Epidemics (ESSENCE II) is an innovative surveillance system for rapid detection and alerting of anomalous disease events, such as those attributable to bioterrorist attacks. This system utilizes nontraditional early disease indicators, such as pharmaceutical sales, school and corporate absenteeism, and animal disease events, etc., together with conventional indicators, such as emergency room reports and physician office visits. The ESSENCE II system discriminates against the background disease levels and applies well-developed detector algorithm technology through signal processing and statistical analyses. Users of ESSENCE II can access temporal and spatial views of the analyses, allowing them to assess how illness is spreading through a region.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the components of a community-wide infectious disease surveillance system.
- b. Explain the use of an electronic surveillance system can improve and enhance the ability of emergency response personnel to respond effectively during a biological attack.

Response Team Operations Track

Nevada 4

14 Toxicological Disasters (Rymer)

1330-1500 hrs.

Marianne Ingels, MD

Toxicological disasters are not new but have increased risk in this century. This session will review toxicological disasters from history, including both manmade and natural disasters. This baseline information will allow the attendee to understand the wide variety of toxicological disasters as well as "what went right and what when wrong" based on past events in history. The goal of this session is to apply lessons learned from past events to help identify and plan for future risks. The presentation will introduce the concept of the Advanced HazMat Life Support Program.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify what makes something toxic.
- b. Discuss historic toxicological disasters.
- c. Identify lessons learned from previous events.
- d. Discuss potential sources of toxic disasters that exist today.
- e. Identify ways in which response teams and team members can prepare themselves to handle toxic disasters.

Response Teams Clinical Track

Nevada 5

15 Field Wound Care: What's Possible (Ho)

1330-1500 hrs.

Scott Bjerke, M.D.

Disasters may require that victims with significant wounds be cared for outside the hospital setting. The trauma surgeon for the Nevada Task Force will discuss the complexities of wound care procedures using the equipment in the medical cache.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain what surgical procedures might be required during a disaster.
- b. Describe the limitations of the medical cache.
- c. Discuss what actual procedures might be performed during a disaster.

Systems Overview Track

Nevada 7

16 VA~DoD Contingency Hospital System

1330-1500 hrs.

Michael Feeser

The Department of Veterans Affairs~Department of Defense (VA~DoD) Contingency Hospital System provides for the reception and delivery of health care services to military casualties upon their return to the Continental United States from an overseas conflict. This system is a backup to the National Disaster Medical System for civilian casualties, should that system ever become overwhelmed. This presentation will provide the attendee with an appreciation for the design and operation of the VA~DoD Contingency Hospital System.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the organization of the Veterans Health Administration for this mission.
- b. Explain the nationwide process of bed reporting, medical regulating and patient reception.
- c. Discuss the relationship of this system to the NDMS.

Special Events

Nevada

17 Demonstrations

1530-1700 hrs.

Base of Operations (BOO) (Veitch)

Description tba

Disaster Portable Morgue Unit (DPMU) (Gregory)

The Department of Health and Human Services (DHHS)/Office of Emergency Response (OER)/National Disaster Medical System (NDMS), in support of the DMORT program, maintains two Disaster Portable Morgue Units (DPMU). One DPMU is staged at the OER warehouse in Rockville, Maryland and the other DPMU is staged in Sacramento, CA. The DPMU is a depository of equipment and supplies for deployment

to a disaster site. It contains a complete morgue with designated workstations for each processing element as well as prepackaged equipment and supplies.

SPEARR: Small Portable Expeditionary Aerospace Rapid Response

Team: A National Disaster Medical Response Resource (Knych)

The SPEARR is the first module in Expeditionary Medical Support System (building block concept). It is deployable within minutes in backpack mode or two to six hours in trailer-airframe mode, capable of supporting twenty non-operative emergency / trauma resuscitations or ten trauma stabilization surgeries and providing a full spectrum of care – public health, critical and primary care, emergency medicine for population of risk (first responders-500).

18 Awards Ceremony and IceBreaker Reception (Williams/Beck)

1730-1900 hrs. and 1900-2100 hrs.

Awards in Reno Room

Reception in the Hilton Pavillion

Monday, March 10th

Registration

Continental Breakfast

Monday Morning General Session

Reno and Tahoe

19 General Session

Opening Ceremony (Williams/Beck)

0800-0815 hrs.

Welcoming (Williams/Beck)

0815-0830 hrs.

Local and State Government Representatives

NDMS Partner Agency Representatives

Keynote Address: The Nation's Homeland Security Strategy

0830-0900 hrs.

Michael Brown

Components of a National Smallpox Strategy (Burger)

0900-1030 hrs.

Larry Anderson, M.D.

Break

1000-1030 hrs.

Focus Sessions

1030-1130 hrs.

20 Focus Sessions (Stangby)

All tracks will conduct facilitated discussions on how a significant smallpox incident would impact that discipline. Each session will have a recorder and at the conclusion, the facilitator and recorder will get together and distill the findings. These will be given to an individual who supports the Tuesday morning speaker, to build into a speech that is a report out from the focus sessions.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the ways in which the smallpox vaccination program has impacted your practice.
- b. Discuss the current and future implications of mass vaccination on long term planning in your discipline.
- c. Discuss the barriers to smallpox response planning within your field.
- d. Discuss roles your discipline may be asked to play in a major smallpox outbreak.

Focus Groups:

Emergency Management

Carson 1 & 2

David Teeter, Pharm.D.

Public Health

Reno/Tahoe

Ron Burger

MMRS

Crystal 1 & 2

Jackson Allison MD

Health Care Systems

Carson 3 & 4

Cheryl Starling RN

Military Support/FCC

Sliver State 2

Mike Vojtasko

First Responders/Incident Command

Nevada 5 & 6

tba

DMAT

Nevada 1 & 2
Jane Stringer, RN, BSN

US&R

Nevada 3 & 4
Ben Ho., M.D.

DMORT

Nevada 9 & 10
tba

Mental Health

Crystal 3 & 4
MAJ. Sherry McAtee

Disaster Research

Silver State 3
Kimberly Shoaf, Dr.PH.

Veterinary Medical Assistance Teams (VMAT) Track

McKinley

21 Small/Large Animal Decontamination and Processing Domestic Animals (Lovern)

1030-1130 hrs.
James Hamilton, DVM

This session will introduce the attendees to the appropriate techniques of animal decontamination and how to construct an animal decontamination unit for use in the field during a disaster. In addition, this session will teach the participant how to process a large number of animals displaced in a disaster needing identification and reunion with an owner or caretaker.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe how to construct an animal decontamination unit.
- b. Explain how to decontaminate large and small animals.
- c. Discuss how to efficiently process large numbers of displaced animals during a disaster situation.

Public Health and Clinical Care Tracks

Reno/Tahoe

22 Operation Tripod

1130-1230 hrs.
Sam Benson

This session will provide attendees with an overview of New York City's strategy

to inoculate the public should a smallpox outbreak occur. Lessons learned during a recent test of the program will be discussed.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the various major aspects involved in planning for an operations such as this.
- b. Explain some of the lessons learned from the exercise Operation Tripod.
- c. Discuss some recommendations any city can use in facing this requirement.

Emergency Management, Health Systems, Military Support/FCC and Systems Overview Tracks

Carson 1-4

23 Joint Commission Emergency Management Standards (Stangby)

1130-1230 hrs.

Robert Wise, M.D.

The hospital standards and regulations for emergency planning and response continue to grow and change as events dictate. This session will review the Joint Commission Standards for the Environment of Care and the new regulatory requirements for emergency medical credentialing.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the impact of the 2001 JCAHO standards on hospital disaster planning.
- b. Describe the ways in which the JCAHO standards can advance comprehensive emergency management at your facility.
- c. Review the components of emergency medical credentialing for hospitals

Management & Coordination Track

Nevada 5 & 6

24 EOC-Team Interface (Brewster)

1130-1230 hrs.

Mark Snyder

The purpose of the presentation would be to clarify the Office of Emergency Response (OER) Emergency Operations Center (EOC) –Response Team relationships during times of preparedness, pre-deployment activities, active deployment and post deployment activities. Topics would include: EOC operations and procedures; deployment procedures; EOC/Team communications and expectations; and available EOC resources.

Specifically, the presentation will outline: updating of team information; contact procedures; team use of the conference bridge and other EOC resources; step-by-step deployment process and procedures from notification to actual deployment; EOC/Team relationship during active deployment through demobilization; member/team travel process and issues; current and future technology.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe some pre-deployment responsibilities of all Response Teams.

- b. Explain the relationship between the Response Teams and the OER EOC during a mobilization.
- c. Discuss the general deployment process, including administrative requirements of all deploying Response Teams.

Response Teams Operations & Clinical Tracks

Nevada 1 and 2

25 Tropical Deployments (Rymer)

1130-1230 hrs.

Jake Jacoby, M.D.

This session will identify and discuss some of the lessons that have been learned from the response to the Super Typhoon Pongsona & previous deployments to the Virgin Islands.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe how medical threat assessments were conducted prior to and during mobilization to these events.
- b. Explain some of the problems encountered during these responses.
- c. Discuss some recommendations for future deployments to tropical paradises.

DMORT Track

Nevada 9 & 10

26 Admitting (Gregory)

1130-1230 hrs.

Paul Taylor

This session will describe the tracking and storage of human remains throughout the morgue process including storage, flow and maintenance of ante mortem records.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the admitting function within the DPMU.
- b. Explain the admitting process.
- c. Discuss some of the methods for ante mortem recordkeeping.

Mental Health Track

Crystal 3 & 4

27 Children Reveal Attitude Change Toward 21st Century Disasters

(McAtee)

1130-1230 hrs.

Jim Crabtree, RN, BSN, MICN

How did the events of September 11th affect America's children? Every generation has experienced a surprise event that changed their view of the world. Examples are the assassination of JFK and the attack on Pearl Harbor. Society will not know exactly how 9/11 changed a generation for decades, but an insight can be gleaned

by studying the letters that school children sent to 9/11 rescue sites. Evidence of a deeper strength and understanding by children of tragic events can be used to adapt psychological interventions to produce the greatest benefit in younger age groups.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Name three examples of how generations are affected by world events
- b. Understand the complexity world events have on America's children
- c. Learn how to adapt psychological interventions in order to enhance outcomes when intervening with children who have experienced tragic events

Disaster Research Track

Silver State 3

28 Translating Research into Practice (McGlown)

1130-1230 hrs.

Marv Birnbaum

Baxter Larmon

This session will assist the attendee in understanding research findings and how to translate these finding into practical use. In addition, this session will explain how and when to provide feedback to researchers; the importance of this feedback will be discussed.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Read and comprehend research articles published in peer reviewed journal in the field of emergency health and medicine.
- b. Extract key points from relative research to apply to their professional setting.
- c. List 2 ways that practitioners can provide feedback to researchers to improve the practical relevance of the research.

Veterinary Medical Assistance Teams (VMAT) Track

McKinley

29 Chemical Restraint Delivery Restraint Systems (Lovern)

1130-1230 hrs.

Mark Lloyd, DVM

This session will introduce the attendee to the appropriate techniques to use for chemical restraint of an animal during a disaster situation using various chemical restraint systems. In addition, this session will provide information regarding the types of chemicals most appropriate for use in the field during a disaster situation.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Explain some techniques for chemical restraint of animals.
- b. Describe the appropriate drugs for use in chemical restraint situations.
- c. Discuss when, where, and how to utilize chemical restraint during disasters.

Brown Bag Lunch

1230-1330 hrs.

Monday Afternoon Concurrent Sessions

**Emergency Management, Public Health, Clinical Care, Health Systems,
Management & Coordination, Response Teams, Disaster Research and
Systems Overview Tracks**

Reno/Tahoe

30 Mass Casualty Incident Response: Israeli Model (Hall)

1330-1500 hrs.

Doron Kotler

Guy Caspi

The Magen David Adom (MDA/Red Shield of David) is responsible for the emergency medical system (EMS) response for the state of Israel. The MDA utilizes employed and volunteer personnel in its response activities and is a key partner of the American Red Cross.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Provide an overview of the Magen David Adom's Emergency Medical Services response for the state of Israel.
- b. Explain some of the preparedness and response activities of the MDA, to include recent mass casualty incident response activities.
- c. Identify several lessons that have been learned from recent experiences with suicide bombers.

Military Support/FCC Track

Silver State 2

31 Patient Administration at the Local Level (Vojtasko)

Part One - 1330-1500 hrs.

Part Two - 1600-1730 hrs.

Michael Vojtasko

Michael Feeser

The role of the Federal Coordinating Center (FCC) does not end when patients arrive within the patient reception area and are transported to participating NDMS hospitals. In fact, a significant portion of the FCC's responsibilities involves tracking and management of the patient while in the care of the private sector participating hospitals. This session will focus on the activities involved, employing panel members to discuss various aspects of local patient administration. Part one will include patient tracking, clinical and administrative liaison, patient transfer, discharge and return. Part two will primarily focus on the reimbursement process and disposition of records followed by a discussion and question and answer period covering the topics discussed during both Parts One and Two of the session.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Discuss various aspects of NDMS patient management and administration, at the FCC level, while the patient is receiving definitive care in the NDMS participating hospitals, including:

1. Methodologies that can be utilized for local patient tracking.
2. Information to be maintained and updated on patients while hospitalized.
3. Required liaison for clinical management of NDMS patients.
4. FCC involvement in transfer, discharge and return of patients.
5. Differences between management of military and civilian NDMS patients.
6. Reimbursement process for hospitalized patients.
7. Records management and disposition.

DMORT Track

Nevada 9 & 10

32 Disaster Portable Morgue Unit (Gregory)

1330-1500 hrs.

William Ambler

An overview of the equipment in the Disaster Portable Morgue Unit (DPMU) including infrastructure items and preferred facilities.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose of the DPMU.
- b. Explain the variety of functions performed within the DPMU.
- c. Discuss the DPMU's infrastructure and support requirements.

Mental Health Track

Crystal 3 & 4

33 Trauma Reactions by Children and Adolescents (McAtee)

1330-1500 hrs.

Leslie Chegidden

Susan Hamilton, Ph.D.

Learn to be at ease when dealing with children and adolescents during trauma events. Come learn the effects of trauma on children and adolescents in the development age ranges of 5-11, 12-14, 15-18 and the reasoning behind their changes in behavior. Suggested interventions will be offered so you feel more comfortable in helping the young population.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Experience an increased ease when challenged with dealing with children during traumatic events.
- b. Name three effects trauma has on children and adolescents.
- c. Distinguish effects of trauma for multiple developmental ages.

Veterinary Medical Assistance Teams (VMAT) Track

McKinley

34 Large Animal Recovery and Restraint (Lovern)

1300-1400 hrs.

Tomas Gimenez, D.V.M.

Rebecca Gimenez, Ph.D.

Large animals (horses, cattle, etc) require specialized rescue methods that take into account their prey instincts and stress responses, as well as their large size and powerful reactions – yet they can be delicate to handle medically. A review of videotaped rescues (as commonly shown on TV) has revealed numerous lapses in attention to patient protocols, responder safety and conduct on scene, and lack of knowledge of equipment that is easily available to conduct these rescue situations in an efficient and safe manner.

Large animal emergency rescue situations require a TEAM approach and must be based on the use of the incident command system to affect a safe rescue for victim and responders. VMAT is perfectly organized to be able to meet this challenge.

This session will focus on basic methods for removal of large animals (particularly horses) from common scenarios that will be encountered in a disaster environment – namely overturned trailers, animals stuck in mud, or fallen into a ditch/septic tank/pool/hole . Equally important is learning that there are simple, low risk alternatives available to VMAT personnel who understand the essential rules of technical rescue – where helicopters and fancy equipment may be unnecessary.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Describe why and how the methodologies, training and equipment in this area have greatly improved over the last decade.
- b. Explain the basics of large animal behavior and safety concerns in rescue situations.
- c. Discuss the basics of large animal emergency rescue techniques and methods of extrication of large animals.
- d. Explain why a team approach is the only safe way to conduct a large animal rescue.

35 Laboratory Animal Care (Lovern)

1400-1500 hrs.

Elizabeth B. Stich, RLATG

Lab animal facilities present unique challenges for VMAT personnel. Animal facilities typically have a large concentration of animals in buildings and house a wide variety of species with various levels of health status-from specific pathogen free (SPF), immunocompromised or experimentally infected. Buildings compromised by the disaster will challenge the responders in their rescue efforts. Animals may be located in the basement, middle or top floor of the building behind a security system that may or may not be functional.

This session will provide an overview of how VMAT will be involved in the response to a lab animal facility disaster. The type of facility along with the species and number of animals involved will dictate our response roles. VMAT team members will need to be proficient in a variety of skills when responding to this type of disaster.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Identify critical areas there VMAT responders will be needed.

- b. Describe the various technical skills and cache items that will be useful in responding to an animal facility disaster.
- c. Explain the unique situation a large number and variety of animals in an incapacitated building will present to rescue workers.

Break with Exhibitors

1500-1600 hrs.

Emergency Management Track

Carson 1 & 2

36 Working Apart, Managing Together: How Health and Local Governments Plan and Respond to Disasters (Lindsay)

1600-1730 hrs.

John Lindsay

Ron Kuban, Ph.D.

Larry Skoglund

Disasters require a co-ordinated response from a variety of organizations. One sector that is always involved in the response is health, through emergency medical services, hospitals, public health mental health and other related health services. Unfortunately there can be a separation of the health sector's planning and response from that of the local government. Ron Kuban will talk about the underlying issues and highlight mechanisms of linking the seemingly two separate and independent systems for managing disasters. John Lavery will outline the disaster management model proposed by Manitoba Health to guide the development of co-ordinated plans between the Regional Health Authorities and local municipalities. Larry Skoglund will discuss how the guideline is being implemented in one Regional Health Authority and the practical challenges of link the health sector to local government.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the conceptual and practical issues relating to a coordinated planning approach.
- b. Explain the steps for overcoming this separation and the means to implement them.
- c. Discuss the differences and similarities between the situations in Canada and the United States.

Public Health and Clinical Care Tracks

Reno/Tahoe

37 Academic Centers for Public Health Preparedness and State Partners (Beck)

1600-1730 hrs.

Maureen Y. Lichtveld, M.D., M.P.H. (Moderator)

Gina Swehla

Bernard Turnock, M.D.

Jack Thompson

Joan Brewster

As the threat of bioterrorism, chemical warfare and nuclear weapons continue to loom on the horizon, the public health community is challenged to increase their competency in emergency management. Basic public health core competencies, as well as specialized competencies in emergency and bioterrorism preparedness and response are the focus of national interest. CDC, through a federal grant program, funds a national system of Centers for Public Health Preparedness and Academic Centers for Public Health Preparedness to assist the public health system to evaluate and develop training in these competencies. A representative from CDC will present an overview of these national efforts. A panel will discuss the actual experiences of two health departments who have been working in association with their Academic Centers for Public Health Preparedness to assess and train public health workers.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the national process being used to develop core competencies to deliver basic public health services, and to prepare and respond to a variety of public health emergencies, including bioterrorism.
- b. Understand the role of Academic Centers for Public Health Preparedness in assisting state and local health departments to develop competencies in their staff.
- c. Describe several inter-agency coordination processes and strategies that were developed in Washington and Illinois.

Health Systems Track

Carson 3 & 4

38 Getting Back to Business (Stangby/DeAtley)

1600-1730 hrs.

Jeff Glick

Lisa Angel, R.N.

John Hendren

Recovering from a disaster may vary with the cause: natural, manmade, technological or hazardous material. Additional factors include the geographical location, size and type of facility that is impacted. This panel presentation will discuss various strategies for recovering from a major disaster

In the 1989 Loma Prieta Earthquake, Watsonville Community Hospital was forced to evacuate critical areas of the hospital, provide medical care in tents and in parking lots. Staff were impacted who had lost homes and families. There were language barriers and shelter concerns due to the high immigrant population in this rural farm area. Watsonville has been rebuilt and the lessons of Loma Prieta impacted the design. The impact both financially and as a community is still being felt today.

Washington Hospital Center in Washington DC felt the impact of an act of terrorism in their city. The resources for recovery vary in this large urban hospital from those faced in a rural setting. A representative from the Federal Emergency Management Agency will discuss how to utilize their agency and other assets of the federal government to recover from an event. Together the speakers will compare and contrast the problems faced in returning to day to day operations.

- Behavioral Objectives:** At the end of this session, the participant will be prepared to:
- Discuss the long term impact of disasters on hospital recovery and business resumption.
 - Review the ways in which lessons learned from disasters can strengthen the hospital's emergency planning.
 - Define the critical points needed for financial reimbursement and recovery from a disaster.
 - Contrast the challenges of a natural event with those from a "man-made" disaster.

Management & Coordination Track

Nevada 5 & 6

39 Legal Issues Workshop

1600-1730 hrs.

Alan Cohn, J.D.

Participation as a member of an NDMS federal disaster response team presents intricate legal questions for both the responder and the response team manager. How do workers' compensation and tort liability work? What about medical licensure and professional liability? This presentation is designed to give both responders and response team managers an understanding of the legal issues involved with participation on an NDMS team, and answer some of the bigger questions that face all team members and managers. The major topics to be covered are workers' compensation, tort liability, medical licensure, professional liability, and "Good Samaritan" laws. Other topics include occupational safety and health compliance, other federal regulatory issues, and nonprofit corporation concerns.

- Behavioral Objectives:** At the end of this session, the participant will be prepared to:
- Articulate the issues surrounding workers' compensation, tort liability, medical licensure, professional liability, and "Good Samaritan" laws, as they apply to the NDMS team.
 - Describe how other laws, regulations, and legal doctrines apply to the operation of an NDMS team.

Response Teams Operations Track

Nevada 1 & 2

40 What about the Drugs? (Rymer)

1600-1730 hrs.

Ronald Caudette, R.Ph., MBA

Janet Schretlen-Doherty, Pharm. D.

This session will explore the management and security of pharmaceuticals at disasters, provide helpful hints about storage, dispensing, alternative practice in austere environments; include management, procedures, procurement, security, legal issues, role expansion, and patient information management. The session will introduce the development of Specialty Teams (Pharmacist/Nursing DMAT)

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify the major considerations affecting the management of pharmaceuticals at a disaster.
- b. Identify roles and implications for dispensing of pharmaceuticals by healthcare licensed responders.
- c. Describe management and dispensing techniques that will save teams time, addressing security, and manageability of pharmaceuticals.
- d. Understand the use of Specialty Teams in catastrophic events.

Response Teams Clinical Track

Nevada 3 & 4

41 Weapons of Mass Destruction and Urban Search and Rescue

Task Forces (Ho) 1600-1730 hrs.

Steve Tharratt, M.D.

Given the current state of equipment and training, what is the best role of US&R teams in WMD disasters. The physician for the Sacramento Task Force who is also a WMD consultant for California will discuss this difficult and controversial issue.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the problem that WMD preparedness places on teams.
- b. Describe the training which teams need for WMD.
- c. Discuss the equipment which teams need for WMD.

DMORT Track

Nevada 9 &10

42 Mass Fatality Incident Response Identification and Operation

Photography (Gregory)

1600-1730 hrs.

Roy A. Heim

This session provides an introduction to the photography needs at mass casualty and disaster incidents. It will prepare managers, supervisors and operational personnel with an understanding of the role that photography plays in the response. Documenting rescue and recovery of victims is the primary responsibility during disasters. Secondary to the rescue and recovery is thorough documentation of the operations setup and behind the scenes events that are valuable for training new personnel and debriefing the events. The training will cover different methods and equipment used for making the photography produce the best results for the present and future.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the purposes of photography at a mass fatality incident.
- b. Explain steps involved in documentation process.
- c. Discuss photographic applications to the DPMU.

Mental Health and Disaster Research Tracks

Crystal 3 & 4

43 National Institutes of Mental Health Best Practices (McAtee)

1600-1730 hrs.

Elspeth Cameron Ritchie, MC, LTC

Prior to 9/11, a consensus conference had been organized, "Mass Violence and Early Intervention". The purpose of the conference was to examine the literature, and to develop best practice guidelines in a number of arenas, 9/11 emphasized the importance of the meeting, and, despite travel difficulties, the meeting was held in late October. Subject matter experts from around the world met for three days to apply the results of the literature search to current practices.

The conference was organized around six questions: 1) what current good practice would be recommended in mass violence situations, as a set of early interventions? 2) What should the key operating principles be? 3) What are the issues of timing of early intervention? 4) What is the appropriate screening? 5) What is appropriate follow-up for whom, over what period of time? 6) What expertise, skills, and training are necessary for early interventions, at what level of sophistication? In addition, research, program evaluation, and ethical issues were addressed.

Consensus statements were developed, and published by the National Institute for Mental Health (NIMH). These statements will be presented. The mental health response to the Pentagon will also be briefly described. We also hoe the lesions learned by responders to mitigate the psychological responses to future attacks.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand common reactions to mass violence, disasters and terrorism
- b. Know the key operating principals of early intervention
- c. Understand best practice guidelines of immediate treatment

System Overview Track

Nevada 7

44 Overview of the Hospital Emergency Incident Command System

(Brewster)

1600-1730 hrs.

Cheryl Starling, R.N.

HEICS is a model incident command system for hospitals. This session will provide an overview of the Incident Command System and the adaptations made to align it with health care organizations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the organizational structure of the Hospital Emergency Incident Management System.
- b. Review the regulatory requirements for use of an incident command system in the hospital setting.

Veterinary Medical Assistance Teams (VMAT) Track

McKinley

45 Pharmacological Considerations for Working Dogs (Lovern)

1500-1600 hrs.

Lisa A. Murphy, VMD

Working dogs must be in optimal physical condition to safely and efficiently perform their duties in the field. Many common veterinary medications are used in working dogs, either for the management of chronic conditions or to treat problems that develop in the field.

This session will discuss some common side effects of drugs that may be used in the field in the treatment of working dogs, including analgesics, anti-inflammatories, gastrointestinal drugs, and ophthalmic, otic, and other topical preparations. This review will discuss the potential impact of these drugs on a working dog's performance as well as possible drug-drug interactions that may occur when multiple drugs are being administered.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Describe which drugs are best suited for use on working dogs.
- b. Explain the impact these drugs may have on the dogs.
- c. Discuss possible drug interactions.

46 Triage and Emergency Care for Wildlife in Disasters (Lovern)

1600-1700 hrs.

Patrice Klein, MS, VMD, DACPV, DACVPM

Wildlife are impacted by natural and man-made disasters but are often overlooked by response teams with domestic animal and human priorities. However, VMATs and other disaster responders are a vital resource in providing triage and emergency care for wild animals found injured or ill during deployments. Once stabilized, these wild animals may be transferred to local veterinarians and wildlife rehabilitators who may continue medical management until the disaster is resolved and the animals are capable of release to suitable habitat.

This session will focus on basic emergency treatments for native wildlife (bird species, herptiles, rodents and lagomorphs, small carnivores, and ungulates) to include stress management, hydration and wound management, fracture stabilization, and decontamination (oil spills). Equally important will be discussions on triage and methods of euthanasia.

Behavioral Objectives: At the end of the session, participants will be able to:

- a. Explain the issues of stress associated with wildlife in captivity.
- b. Describe the basics of fluid therapy, wound management, and fracture stabilization as applied to handling and treatment of wild animals.
- c. Discuss the importance of conducting triage from the initial presentation, of knowing release criteria, and making decisions about euthanasia.

Monday Evening Special Event

47 PPE Do's and Don'ts (Stangby, DeAtley)

1900-2100 hrs.

1383 Ann Stangby, R.N.
1384 Craig DeAtley, PA-C
1385

1386 Many hospitals have either purchased personal protective equipment for their
1387 staff or are researching what is available. The downfall is that most PPE is designed for
1388 prehospital personnel, firefighters and hazmat responders and not for health care
1389 clinicians.
1390

1391 Vendors exhibiting at the event are invited to model their personal protective
1392 equipment, including a brief but concise description of its merits. Through a facilitated
1393 discussion, the audience will have the opportunity to speak on the pros and cons of the
1394 various types, offering their personal experiences. Vendors will have the opportunity to
1395 learn valuable insight from the health care worker perspective.
1396

1397 Behavioral Objectives: At the end of this session, the participant will be prepared to:
1398 a. Describe the various types of personal protective equipment currently available
1399 b. Compare and contrast the use of personal protective equipment in the
1400 prehospital and hospital settings.
1401 c. Discuss the unique challenges faced by the health care clinician in using
1402 various types of PPE.
1403

1404 **Tuesday, March 11th**

1405
1406 Continental Breakfast
1407

1408 Registration
1409

1410 **Tuesday Morning General Session**

1411 Reno/Tahoe
1412

1413 **48 What are the Issues and Agency Roles in a Major Smallpox** 1414 **Outbreak?** (Williams/Brewster)

1415 0800-1000 hrs.
1416 Jerome Hauer (HHS lead, facilitator)
1417 VA representative
1418 DoD representative
1419 FEMA representative
1420

1421 **Emergency Management, Public Health, Health Systems, Response** 1422 **Teams Operations and Systems Overview Tracks**

1423 Reno/Tahoe
1424

1425 **49 Jurisdictional Medical and Health Incident Management System** 1426 (Brewster)

1427 1030-1130 hrs.
1428 Joseph Barbera, M.D.
1429 Anthony McIntyre, M.D.
1430

The attacks of September 11th, followed shortly by the anthrax dissemination event in Florida, the National Capital Region, and the New York metropolitan area, have confirmed that the United States faces a new threat of jurisdictional mass casualty incidents. There are no mass casualty response standards that organize all health and medical activities within a jurisdiction. The Medical and Health Incident Management System (MaHIMS) project was undertaken to address this critical management deficiency.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose of the MaHIMS project.
- b. Explain the process of defining and structuring the various health and medical operations and support activities.
- c. Discuss how the MaHIMS can be used for system planning.

Emergency Management and Public Health Tracks

Reno/Tahoe

50 Federal Preparedness Grant Updates (Brewster/Burger)

1130-1230 hrs.

Andrea Argabrite MS-FNP, MPH

Randy Louchart

Lily Engstrom

In recent years, funding for emergency preparedness by the Federal government to State and local governments and other entities has dramatically increased. Three major sources of this funding emanating from the Department of Health and Human Services aim to increase the capabilities of the public health, health care and emergency medical response system(s). This presentation will provide attendees with an understanding of the past and current year activities and how they, together, produce a greater degree of readiness.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the history behind the three grant programs.
- b. Describe the objectives of each grant program.
- c. Discuss some of the outcomes from these activities and how they complement other preparedness activities in the Nation's emergency management system.

Clinical Care Track

Crystal 1 & 2

51 Radiation Track, Part One (Brewster)

1030-1230 hrs.

Fun Fong, M.D.

Judy Edwards

Laura Block, Pharm.D.

AFRRI rep

James Jordan

This block of instruction will address an introduction to nuclear terrorism, acute radiation syndrome, internal contamination, dosimetry options and external contamination/decontamination.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe aspects of nuclear terrorism important to clinicians in definitive health care settings.
- b. Explain the signs and symptoms of acute radiation illness.
- c. Discuss internal and external contamination issues.

Health Systems Track

Carson 3 & 4

52 Effective Communication Strategies

1130-1230 hrs.

Craig DeAtley, PA-C

When a disaster hits, who do you call and when? What information should you be ready to share with colleagues and with the community? How will you design your communication program to meet the needs of your hospital, the community and the region? Integrating systems and technology that will work for your facility and your region will not only enhance your response but also allow you to coordinate quickly and effectively with other responders. The speaker will review a model communications plan and discuss ways to refine your system for an effective response.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the barriers to effective communications plans and systems within hospitals.
- b. List the critical components of a successful communications plan.
- c. Discuss the role of the community, state and federal partners in emergency communications.

Military Support/FCC Track

Silver State 2

53 Homeland Security and NDMS (Vojtasko)

1030-1130 hrs.

Mike Vojtasko

The legislation that established the Department of Homeland Security provides that one of the programs over which it will provide oversight is the National Disaster Medical System. The session is designed to provide an update regarding the status of the integration of NDMS into the newly established department. It will include an opportunity for questions and answers as well as a discussion among participants regarding known (and potential) changes to, and impact upon, NDMS.

Behavioral Objectives: Upon completion of the session participants will be able to

- a. Discuss the current status of NDMS integration into the Department of Homeland Security.

- b. Identify actual and/or potential areas where NDMS will change or which will or may be impacted.

54 Patient Movement Concept of Operations (Vojtasko)

1130-1230 hrs.

Major Rick Miles

The primary mission of the Department of Defense (DoD) patient movement system is to safely transport United States military casualties from theaters of operations to fixed DoD Medical Treatment Facilities (MTFs), Primary Receiving Center (PRCs), or to NDMS areas for admission to participating private sector hospitals. The DoD transportation resources may also be used to move non-DoD patients when the DoD mission shall not be impaired and movement of such traffic is of an emergency, lifesaving nature, specifically authorized by statute, in direct support of the DoD mission, or requested by the Head of an Agency of the

Government under Title 31, sections 1535 and 1536 of the United States Code, "The Economy Act." Attendees will be briefed on eligibility for patient movement, policy for its use, responsibility for funding and reimbursements, applicability of tariff rates and requirements for approval. Discussion will address both medical regulating (the identification of, and assignment to, a medical treatment facility capable of providing definitive care, recuperative and/or restorative care to eligible beneficiaries) and evacuation (the process of actually moving a patient through the United States Department of Defense Transportation System (Air/Land/Sea) to create a Bed-lift plan).

Behavioral Objectives: At the end of this session, the participant will:

- a. Be prepared to discuss the DoD Patient Movement System that ties together patient accountability from the theater of operations, while in transit, and at originating, destination and en-route medical treatment facilities.
- b. Understand how the Global Patient Movement Requirements Center (GPMRC) provides in-transit visibility and medical regulation of patients in both peacetime and domestic contingencies.
- c. Understand decision making related to transportation mode (air/sea/land) selected for patient movement.
- d. Know the conditions under which patient movement may be provided by DoD and identify the categories of patients eligible for movement.
- e. Be able to discuss the conditions under which patient movement services are provided to DoD beneficiaries, other United States Government Agencies, private individuals or organizations, foreign countries, or foreign nationals and how DoD is reimbursed for these services.

Management & Coordination Track

Nevada 5 & 6

55 The Heart of Leadership – Focus and Position for the Future

1030-1130 hrs.

Tim Tackett

As the post-9/11 environment requires mission changes for DMATs, teams must consider the role of leadership as a central focus to deployment readiness. The OER

has no formal training process or specific parameters required for team leadership to command and deploy a team. The lack of standardized leadership models pertaining to DMAT command, and the fact that many team leadership personnel may not be familiar with the dynamics of managing a group of volunteer professionals, can directly effect mission readiness.

The critical components and dynamics of team leadership will be discussed through lecture, open discussion, and PowerPoint presentation in a 50-minute session. Participants will be exposed to techniques, structures, and tips to effectively carry out DMAT mission requirements. Hand-outs will be distributed outlining major course objectives and suggested rules and models.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand the history and rationale for fundamental leadership principles and models.
- b. Improve DMAT mission readiness and team moral by exposing team leadership to standardized and historical leadership methodologies.
- c. Prepare the participant to understand the complex dynamics of leadership in the tactical setting.
- d. Provide essential rules and models for defining leadership strategy and policy.

Response Teams Clinical Track

Nevada 3 & 4

56 Deployments to Extreme Weather and Altitude (Ho)

1030-1130 hrs.

Chris Ho, MD

The Salt Lake Olympics highlighted the difficulty of deploying teams in the winter and in the mountains. The physician for the San Diego Task Force who is also a veteran of the Himalayan Rescue Association will discuss the complexities of caring for team members and victims in the cold temperatures and altitudes commonplace in the western United States.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the difficulties that cold weather and altitude cause on deployed teams.
- b. Describe the difficulties that cold weather and altitude cause on victims.
- c. Discuss the methods used to deal with these difficulties.

Management & Coordination, Response Teams Operations and Clinical Tracks

Nevada 5 & 6

57 Sleep Deprivation and Fatigue (Ho)

1130-1230 hrs.

Bruce Cummings, D.O., FACEP

Catastrophes occurring over several days or weeks require multiple "time-on" and "time-off" work cycles. The difficult working conditions with irregular work pace results in fatigue in disaster workers and decreased coping ability to handle incident

stress. Medical personnel caring for rescue workers should be aware of and know how to lessen the effects of fatigue on the physical performance and judgment capabilities of their team members.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Recognize the signs and symptoms of fatigue
- b. Identify counter measures for combating fatigue.
- c. Be aware of incident stress in disaster workers.

DMORT Track

Nevada 9 & 10

58 Radiology (Gregory)

1030-1130 hrs.

Mary Fisher

This session will provide the student with an understanding of the functions of the radiology section of the DMORT morgue. It will describe the equipment, supplies, and the process by which the films are developed. It will explain how the use of x-rays plays an important role in the identification process in a disaster.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the role radiology performs as part of the DPMU operation.
- b. Explain the methods used to perform the radiology function.
- c. Discuss what technologies are currently used.

59 Personal Effects (Gregory)

1130-1230 hrs.

N. Steve Tinder

Processing personal effects is a critical part of the overall DMORT morgue operation. Personnel assigned to the personal effects section must understand their role and responsibilities. They must be aware of the importance of properly processing personal effects to assist in making a tentative identification of the victim, providing crime scene evidence and maintaining the chain of custody.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Explain the role of personnel assigned to the personal effects function.
- b. Describe the process of documentation.
- c. Discuss methods used to match personal effects with disaster victims.

Mental Health Track

Crystal 3 & 4

60 How to Play Well With Others: Understanding the Personalities of Your Teammates (McAtee)

1030-1130 hrs.

Thomas M. Chegwiddden, MS, MFT

In disasters, there is much chaos around us; let's not have that chaos be between us. Come learn more about yourself and the team members you work beside when conquering a disaster. Four basic personality styles, how they interact with each other, and their effects on the functional performances of the team before, during, and after the disaster will be clearly presented. Basic needs, communication styles, leadership styles, and motivational factors will be reviewed.

61 The Human-Animal Bond:

Sometimes a Life and Death Issue in Disasters (Lovern)

1100-1200 hrs.

Marie Suthers-McCabe, DVM

People have always loved their animals, however today more than ever; disaster responders are realizing that people will actually risk their lives for their animals. The Human-Animal bond has gained worldwide recognition as being one of the strongest bonds a person can have with another living creature. This bond can make the job of the disaster responder much harder if she/he does not understand it, or know how to react to it. This session will explore the Human-Animal Bond and will highlight the importance of this bond to disaster responders as well as to the general population affected by a disaster and/or evacuation.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the "human-animal bond" in disasters.
- b. Describe what challenges face a disaster responder due to the human-animal bond.
- c. Discuss some of the things people will and will not do because of their relationship with their animal(s).

Disaster Research Track

Silver State 3

62 Disaster Research Bootcamp (McGlown/Shoaf)

1030-1230 hrs.

Deborah Riopelle

Kim Shoaf, Dr.PH.

This session will provide basic training on the nuts and bolts of designing, conducting, and analyzing disaster research with the objective of generating meaningful conclusions for your peers.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Define research including the terms basic and applied research
- b. List 3 data collection methodologies useful in emergency health and medicine research
- c. Describe the differences between qualitative and quantitative research.

Systems Overview Track

Nevada 7

53 California's Standardized Emergency Management System

(SEMS) (Brewster)

1130-1230 hrs.

Anne Bybee

Between 1991 and 1995 California had numerous federally-declared disasters (floods, fires, earthquakes, etc.) some of which affected all of the state's 58 counties. One of the most notorious was the Oakland Hills Fire in October 1991, which brought to light the lack of standardization in equipment and response methods. To address the challenging need to have a standard system for managing disasters, the State adopted SEMS into its government code. Based on proven management principles, SEMS provides for and incorporates the Incident Command System, mutual aid, multi-jurisdictional and inter-agency cooperation resulting in coordinated and unified decisions. It directs priority setting for resource allocation and response, and it enhances communications at all levels (starting at the field response). SEMS provides an organizational framework and guidance for operations at each level of the state's emergency management system. This session will provide an overview of the SEMS system in California.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the factors leading up to SEMS being mandated in California.
- b. Explain the organizational framework and components within SEMS
- c. Identify the five levels of government within the State's structure and show how they interact when requesting on providing resource.

Brown Bag Lunch

1230-1330 hrs.

Tuesday Afternoon Concurrent Sessions

Emergency Management Track

Carson 1 & 2

64 Coming to Consensus: Models for Managing (Brewster/Lindsay)

1330-1500 hrs.

Steve Jensen

Guy Caspi

Joseph Barbera, M.D.

Incident management systems are now widely accepted as a means of coordinating a variety of responding agencies at an emergency site. The strength of a successful incident management system lies with the acceptance the system has with the participating agencies. Therefore, implementing an incident management system in a new area requires tailoring the systems to meet the different needs of participating agencies and ensuring all operational and jurisdictional issues are addressed. By examining how two other countries, New Zealand and Israel, have adapted an incident management system to suit their unique contexts we can learn to better manage our own systems. The Coordinated Incident Management System (CIMS) was recently developed in New Zealand to make the best use of the limited management and

physical resources available to respond to a wide range of natural hazards. In Israel the incident management system has been frequently applied in response to terrorist bombings and other emergencies. In the U.S., an incident management system that envelops all disaster health and medical functions for a jurisdiction has just been developed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the theories of organizational behavior upon which the systems are based.
- b. Outline the process for developing cross-organizational structures.
- c. Explain how jurisdictional difference influence the adoption of an incident management system

Public Health Track

Reno/Tahoe

61 Community Lessons Learned: National Pharmaceutical Stockpile

(Brewster/Burger)

1330-1500 hrs.

David Teeter, Pharm.D. (moderator)

Tim Quinn

Theodore G. Tong, Pharm.D.

Doug LeFebvre

This session will describe recent changes in the National Pharmaceutical Stockpile (NPS) plan and how local communities and states can develop workable plans to receive, breakdown and distribute the NPS. A representative from CDC will outline recent innovations in the NPS plan. Individuals responsible for developing methods to receive, breakdown and distribute the NPS at the community and state level will outline their programs and share lessons learned from exercising and testing their plans.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe any updates to the NPS.
- b. Discuss State and community approaches to the distribution of the NPS.

Clinical Care Track

Crystal 1 & 2

66 Radiation Track, Part Two (Brewster)

1330-1500 hrs.

Fun Fong, M.D.

Mark Moody

AFRRI rep

This "part two" session will provide attendees with an introduction to radiation monitoring instruments, characteristics of nuclear detonations and radionucleide dispersal devices.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the variety of radiation monitoring instruments and their relative strengths and weaknesses.
- b. Explain some characteristics of nuclear detonations.
- c. Discuss the design and use of various radionuclide dispersal devices.

Health Systems Track

Carson 3 & 4

67 Hospitals as Secondary Targets (Stangby)

1330-1500 hrs.

Sgt. Mark Potter

Hospitals and other health care facilities are confronted with the need to ensure safety and security while maintaining access for their clients. The speaker will discuss how to assess your hospital for security weak points and vulnerabilities and discuss structural and cosmetic modifications to lessen the risk to your facility. Emphasis will be given to the development of a bomb threat policy, including search and rescue techniques, telephone response and integration with local law enforcement. The types of explosives that may be used, their impact and consequence and how these will alter your plans will be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review techniques for identifying security vulnerabilities at your facility.
- b. Describe search techniques in the event of a bomb threat.
- c. Discuss the importance of working with law enforcement during the planning stages.

Military Support/FCC Track

Silver State 2

68 JMAR Support in Domestic Disasters (Brewster)

1330-1500 hrs.

CDR. David Stratton

Mark Dick

JMAR is the Joint Medical Asset Repository is the Department of Defense single source for medical logistics asset visibility. This presentation will demonstrate what the Department of Defense Military Health System is doing to use our Medical Logistics Data Repository and warehousing of our Legacy and replacement Medical Logistics Systems information to streamline Supply Chain Management, Lower costs, and find out locations of required equipment and supplies, and capture costs/expenditures for Fixed Military Hospitals and our Medical teams/ units that respond to worldwide crisis and homeland defense events.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose and major functions of the JMAR system.
- b. Explain its potential applications to domestic disaster response support.

Management & Coordination and Response Teams Operations Tracks

Nevada 1-4

69 Occupational Health and Field Epidemiology (Rymer)

1330-1500 hrs.

Thérèse E. Rymer C.FNP

Jonathan L. Burstein, M.D.

Response Team readiness requires focused attention on the well being of the individual team member well before the mission and continuing through and after deployment. This session will focus on the development of team programs to address programmatic strategies for physical requirements, immunizations, respiratory protection and general issues important to the members and team's ability to function. Concepts of work restrictions, accommodations, Workers' Compensation and the relationship with Epidemiology will be introduced. The program will offer guidelines for the management of infectious disease exposures during a deployment. Session will review recognition of outbreak, logic and process of outbreak investigation, simple statistical investigative techniques and case examples.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Identify strategies for implementing team health programs
- b. Explain the necessity for immunity to preventable disease for responders.
- c. Describe the rudiments of information needed to assist in the recognition and management of infectious disease exposures occurring on deployment.
- d. Discuss the working relationship between Occupational Health and Epidemiology in support of the response team.

Response Teams Clinical Track

Nevada 3 & 4

70 Hydration and Heat Related Stress: Beyond the Dogma (Ho)

1330-1500 hrs.

Mike Olinger, M.D.

As medical officers on tactical operations, one of our greatest responsibilities is protecting the health and mission readiness of the tactical team members. During operations in hot and humid environments, team members are at risk for involuntary dehydration and heat related illnesses.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the concept and the pathophysiology of involuntary dehydration in individuals exercising or working in hot environments.
- b. Discuss evidence based strategies to prevent and treat involuntary dehydration.
- c. Explain some of the risks involved in improper rehydration.
- d. Dispel some of the fallacies in the classic dogma of heat related illness.

DMORT Track

Nevada 9 & 10

71 Anthropology (Gregory)

1600-1730 hrs.

Harrell G. King

This session will describe anthropological guidelines for operating in disaster situations utilizing the DPMU equipment to meet the mission needs.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the role of anthropology in DMORT operations.
- b. Explain some methods used by this function in the field.

Mental Health Track

Crystal 3 & 4

72 Mental Health and Terrorism Response (McAtee)

1330-1500 hrs.

Joyce Libethe, Ph.D.

Acts of terrorism are unparallel in their potential for undermining the psychological stability of our country. We now live in a time when all mental health professionals must be ready to meet the challenges ahead. This session will explore preparedness and response to terrorism with an emphasis on at-risk populations, coping mechanisms, effective interventions, phases of recovery, and lessons learned from 9/11 and the Oklahoma City bombing.

Behavioral Objectives: At the end of this session, the participant will be prepared to :

- a. Plan for mental health response to terrorist attacks.
- b. Identify at-risk populations.
- c. Recognize phases of recovery and appropriate interventions.

Disaster Research Track

Silver State 3

73 Medical Systems in Disasters (McGlown/Shoaf)

1330-1599 hrs.

This two-part session will review the capacity of the medical system for disaster response including knowledge, attitude and practice of health care providers, hospital capacity, and collaboration with other partners in the health system.

a A GIS-based System for Rapid Population Assessment in Complex Humanitarian Emergencies

Kija Kim

b Infectious Disease Surveillance and Response: Using Telephone Triage techniques to improve the standard of care for Influenza, and Influenza-like Illnesses such as West Nile and Anthrax

Mary Moorehouse, BSN, RN, CRRN, CLNC

James Burns

Behavioral Objectives: At the end of this session, the participant will be prepared to :

- a. Using GIS systems to rapidly estimate populations in emergency situations.

- 1971 b. Discuss leveraging existing RN call centers to establish a virtual infectious
1972 disease surveillance network.
1973 c. Identify a mechanism for worried-well to receive timely clinical advice during a
1974 bioterrorism incident.
1975

1976 **Systems Overview Track**

1977 Nevada 7
1978

1979 **74 Evidence-based Disaster Planning, Part One** (Brewster)

1980 1330-1500 hrs.

1981 Erik Auf der Heide, M.D.
1982

1983 This session delves into the disaster research for insights that affect (or should)
1984 disaster planning at all levels.
1985

1986 Behavioral Objectives: At the end of this session, the participant will be prepared to :

- 1987 a. Describe some common myths and misconceptions often found in disaster plans.
1988 b. Explain some of the data that has suggested new approaches to planning.
1989

1990 **Break with Exhibitors**

1991 1500-1600 hrs.
1992

1993 **Emergency Management, Public Health, Clinical Care, Health Systems,** 1994 **Military Support/FCC and Management & Coordination Tracks**

1995 Reno/Tahoe
1996

1997 **75 Dirty Bomb Case Study and Discussion** (Brewster)

1998 1600-1730 hrs.

1999 Fun Fong, M.D.

2000 Tom Schumacher

2001 Lawrence Flesh, M.D.

2002 AFRRRI rep

2003 Others
2004

2005 This case study and discussion will involve a “dirty bomb” scenario affecting a
2006 major jurisdiction and will create discussions concerning the most appropriate initial local
2007 response, the follow-on response by State and Federal authorities and special teams.
2008

2009 Behavioral Objectives: At the end of this session, the participant will be prepared to :

- 2010 a. Describe the potential hazards associated with a “dirty bomb.”
2011 b. Explain the response to a situation of this sort.
2012

2013 **Response Teams Operations and Clinical Tracks**

2014 Nevada 1-4
2015

2016 **76 DMAT Support to Wildland Firefighting** (Rymer/Gaffney)

2017 1600-1730 hrs.

2018 David Lipin (moderator)

2019 Rich Just

2020 Ken Miller, MD
2021 Ellery Gray, Ph.D.
2022 Carl Gilmore
2023

2024 Session will explore some of the major wildfire events of 2002 and previous
2025 years, focusing on the organizational response, operations, and provision of medical
2026 care, team perspective, and the use of DMATs for these responses. Session will include
2027 experiences & lessons learned from California Department of Forestry and Fire
2028 Protection / DMAT Wildland Fire Project, Florida and New Mexico Wildland Fires.
2029

2030 Behavioral Objectives: At the end of this session, the participant will be able to:
2031 a. Describe some of the interagency agreements that have incorporated DMATs
2032 into fire response.
2033 b. Describe operational set-ups that best supported medical care at fire related
2034 disasters.
2035 c. Explain some of the unique requirements of providing medical care in support of
2036 fire response.
2037 d. Recognize logistics, equipment, pharmaceutical supply & personal protective
2038 equipment common to medical unit response.
2039 e. Discuss training, liability, and personnel allocations.
2040 f. Describe some of the events or agreements that may require medical care of
2041 civilians as well as fire & support personnel.
2042

2043 **DMORT Track**

2044 Nevada 9 & 10
2045

2046 **77 Pathology** (Gregory)
2047 1330-1500 hrs.
2048 Dr. Joyce deJong
2049

2050 The goals of the forensic pathology section during a DMORT operation include:
2051 (1) Removal and description of personal effects and clothing. (2) Evaluation and
2052 documentation of identifying features to support positive identifications, generate
2053 presumptive identifications, and occasionally provide identities. (3) Assistance of law
2054 enforcement and other investigating agencies with collecting and documenting evidence
2055 (4) Performing autopsies, as requested/indicated by the local coroner or medical
2056 examiner. How these goals are efficiently and effectively accomplished are examined.
2057

2058 Behavioral Objectives: At the end of this session, the participant will be able to:
2059 a. Explain the role and function of the pathology section within a field DMORT
2060 operation.
2061 b. Describe the methods used in this functional area.
2062

2063 **Mental Health Track**

2064 Crystal 3 & 4
2065

2066 **78 Playing with Panic** (McAtee)
2067 1600-1730 hrs.
2068 Joyce Libethe, Ph.D.
2069

Mass hysteria is always a fear when disaster occurs or the threat of a disaster seems near. Making the fear of the unknown less fearful is a true talent. This session will help you develop that talent as you learn to techniques to calm the public and to help bring into perspective their fear and feelings of the unknown.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Identify the impending onset of mass hysteria.
- b. Explain two techniques to help calm fears of the public.
- c. Discuss reasons why the fear of a traumatic event from the general population's perspective.

Disaster Research Track

Silver State 3

79 International Perspectives (McGlown/Shoaf)

1600-1730 hrs.

Mark Stinson, M.D.

Fadi Essmaeel, M.D.

Steve Jensen

This presentation will compare and contrast the U.S. vs. other Western nation's response to international disasters, present the current status of recent and ongoing research into international disaster response, and review disaster response modeling with emphasis on outcome data analysis.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Discuss the primary differences in U.S. and other Western nation's response to international disasters.
- b. List 3 current research projects in international disaster response.
- c. Define disaster response modeling and state the importance of outcome data analysis.

Systems Overview Track

Nevada 7

80 Israeli and U.S. Approaches to Chemical Casualty

Decontamination (Brewster/Hall)

1600-1730 hrs.

carol Hall (moderator)

Doron Kotler or Guy Caspi

Anthony MacIntyre, M.D.

This session will compare and contrast Israeli and U.S. strategies for managing the decontamination of casualties contaminated with chemical weapons.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Explain the components of a response to a situation involving chemical contamination from the Israeli and U.S. perspectives.
- b. Describe the similarities and uniquenesses of the two approaches.

Tuesday Evening

Special Event: On the Town in Sparks Nevada

Wednesday, March 12th

Continental Breakfast

Registration

Wednesday Morning Concurrent Sessions

**Emergency Management, Public Health, Clinical Care, Health Systems,
Military Support/FCC, Management & Coordination, Response Teams
Operations and Systems Overview Tracks**

Reno/Tahoe

81 Earthquake Case Study and Discussion (Brewster)

0800-0930 hrs.

Jeff Rubin (moderator)

Lisa Angell, RN

Richard Eisner, FAIA

Irving "Jake" Jacoby, MD, FACP, FACEP

William D. Piggott, M.D.

Daniel R. Smiley, MPA

Although the country is today focused on the threat of terrorism, according to seismologists the odds of a catastrophic earthquake impacting a major metropolitan area in the United States is significantly higher than previously thought. Our only historical basis for such an event is the great San Francisco Earthquake of 1906. Today, with a four fold increase in the nation's population and the daily discovery of new fault systems, tens of millions of Americans are now at risk. A catastrophic event would simultaneously kill and injure tens of thousands, displace hundreds of thousands for significant periods of time and destroy the lifelines and infrastructure critical to a modern society. The successful interaction of dozens of governmental and relief agencies along with the private health care community will be critical to the provision of medical and public health services in the days, weeks and months following such an event. This session will focus on the required coordination and integration of these entities in the implementation of a national incident response/recovery strategy as delineated in local, State and Federal disaster plans.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the environment in the impacted areas following a catastrophic earthquake.
- b. Discuss population needs and activities during the continuum of the response/recovery effort.
- c. Understand the response actions of critical healthcare providers, governmental and relief organizations in the provisions of lifesaving services to disaster victims.

Response Teams Operations Track

Nevada 1 & 2

82 Deployment Safety & Security: Protecting your Personnel and Equipment (Rymer/Gaffney)

0800-0930 hrs.

Robert F. Boomhower

John Hannon

This program is designated to give an overview of security issues that confront team leaders and members before, during and at the conclusion of a deployment. The two presenters, Detective Sergeant John Hannon, RN and Assistant Deputy Superintendent Robert Boomhower, EMT-T are full time law enforcement supervisory officers and members of the MA-1 and IMSuRT-East Teams. This PowerPoint and lecture presentation will address issues that include personnel and equipment security. Specifically, we will address guidelines regarding pre-planning and threat assessment, team safety issues, credentialing and accountability of members, and liaison with federal, state and local public safety agencies. Security issues and lessons learned during past deployments and specifically the World Trade Center disaster will be discussed in an open forum / question and answer session. This presentation is adaptable to run from 1-2 hours, depending on conference time allotted, and can be adjusted as necessary.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Identify security & safety risks inherent to deployments.
- b. Appreciate the basic concepts of accountability, credentialing and assessment of risk.
- c. Discuss the relationship between security and the safety officer and the duties of these positions on the Response Team.
- d. Describe at least three sources of educational and training programs for the Safety Officer.

Response Teams Clinical Track

Nevada 3 & 4

83 VMAT US&R

0800-0930 hrs.

Ben Ho, M.D.

Barry Kellogg, V.M.D.

In the past few years, extraordinary public attention has been directed toward the use of search and rescue dogs during disasters. Due to the absence of an approved veterinary position on the FEMA Urban Search and Rescue Teams, the Veterinary Medical Assistance Teams (VMAT) serve as a vital resource during US&R deployments when the search and rescue dogs are deployed. It is important to learn how the two response divisions will function on a joint deployment.

This session will discuss the importance of integrating the US&R and VMAT response teams in the aftermath of disasters. A presentation by a certified FEMA US&R

dog handler will discuss the selection, training, and deployment of disaster dogs. It will also serve as a training session for US&R dog handlers on what to do in case of an injury to their canine while in transit to VMAT for veterinary care. This session will give the participants the opportunity to interact with members from other teams in an effort to build relationships prior to an actual disaster response.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Explain how disaster dog teams are selected and trained
- b. Describe the elements of the FEMA US&R disaster dog test and certification
- c. Discuss how US&R and VMAT will interact and complement each other during deployments
- d. Explain the types of VMAT resources.
- e. Describe some of the lessons learned from previous US&R/VMAT deployments

DMORT Track

Nevada 9 & 10

84 National Transportation Safety Board Update (Gregory)

1330-1500 hrs.
Frank Ciaccio

This session concerns the relationship between the National Transportation Safety Board (NTSB) and the Disaster Mortuary Teams (DMORTs). It will describe why the relationship began, events that have shaped how operations are managed, current issues and what advancements are in store for the future.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the mission of the National Transportation Safety Board.
- b. Explain the relationship between NTSB and the National Disaster Medical System.
- c. Discuss working issues over the last twelve months.

Mental Health Track

Crystal 3 & 4

85 Vicarious Traumatization (McAtee)

0800-0930 hrs.
Thomas M. Chegidden, MS, MFT

The impact of trauma on the disaster worker is often overlooked. Take the opportunity to learn the theoretical basis of Vicarious Traumatization, its symptoms and impairments. Individual, organizational, and life situation variables affecting the psychological impact of trauma work will also be discussed.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Recognize and identify the impact of trauma on a disaster worker.
- b. Name three symptoms of Vicarious Traumatization.
- c. Identify impaired performance of a disaster worker experiencing Vicarious Traumatization.

Disaster Research Track

Silver State 3

86 Practitioner as Data Collector (McGlown/Shoaf)

0800-0930 hrs.

Mitch Saruwatari

Hope Seligson

This session will explore the role of the practitioner in collecting data and the apparent conflict between providing service and gathering real-time data in a disaster. Strategies for how to create tools that are easy to use will be reviewed. Researchers will explain how information and data are used.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Define their role as practitioners in collecting data for research
- b. List 3 potential barriers to data collection efforts in the field
- c. List 3 potential strategies for developing instruments for collecting data that are user-friendly and useful for research purposes.

Break

0930-1000 hrs.

Emergency Management and Public Health Tracks

Reno/Tahoe

87 Personal Protective Equipment Regulatory Update (Burger)

1000-1100 hrs.

Jonathan Szalajda

The presentation provides a background addressing the specific need to develop standards for respirator standards to protect emergency responders in a chemical, biological, radiological, and nuclear terrorist event, as well as an overview of the standards developed to date.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the inherent differences between NIOSH Industrial Respirator Standards and Military Standards, and why a new set of CBRN standards was developed.
- b. Explain the process for identifying the specific requirements for the CBRN Respirator Standards.

Emergency Management Track

Carson 1 & 2

88 Building a National Incident Management System (Brewster)

1100-1200 hrs.

Jeff Glick

The National Interagency Incident Management System (NIIMS) was developed as a result of interagency coordination problems in response to major wildland fires in Southern California. NIIMS debuted in the early 1980s and remains the Nation's standard because it brings an Incident Command System together standardized training, qualification and certification, supporting technologies and publications management. Many adaptations have been made from the "wildland firefighting model" for various public safety disciplines, most of which retain the organizational structure, but lack other important elements. Thus, coordination of inter-agency operations have improved over the past 30 years, but a single national, all-risk incident management system is still needed. This session will provide a view of current initiatives to establish such a system.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the background of the development of Incident Command System(s) in the U.S.
- b. Explain the problems still encountered on disaster sites and how these might be reduced.
- c. Discuss activities underway to develop a national incident system system.

Public Health Track

Reno/Tahoe

89 West Nile Virus Update (Burger)

1100-1200 hrs.

Daniel R. O'Leary, DVM, DACVPM

Abstract tba

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Discuss key features of the epidemiology and ecology of West Nile virus (WNV).
- b. Summarize WNV activity in North America in 2002
- c. Describe some of the evolving investigations into recently-identified mechanisms of WNV transmission.

Clinical Care Track

Crystal 1 & 2

90 Emergency Isolation and Treatment Shelter:

A Solution to Bed Surge Capacity caused by Infectious Disease

(Scharen)

1100-1200 hrs.

Eric Poach

Every MMRS has had to face the challenge of what type of facility to use in the event that their local hospital bed capacity was suddenly overwhelmed as a result of large numbers of casualties that resulted from an attack using a biological agent. The traditional sites chosen such as schools, auditoriums and hotels have intrinsic limitations because they were not designed to provide patient care and because of exclusionary limits from the insurance industry those facilities may never be used again.

This presentation will discuss the concept of using a facility that is constructed of low cost recycled fiberglass and plastic panels originally designed for the housing industry and assembling them on short notice into a facility or facilities that can house and treat infected patients, assure isolation during treatment, and be a low cost solution to the problem of decontamination of the facility.

In addition this presentation will discuss the essential MMRS components needed, such as outbreak surveillance, analysis of intelligence information, composition of Shelter Strike Teams and integration with public safety to assure prompt deployment, plus details of the other uses of the facility as disaster housing units, community clinics for treatment or immunization and as command and control facilities for public safety.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Compare and contrast the advantages and disadvantages of the use of an EITS as opposed to the use of already existing structures.
- b. Describe the essential elements needed for the use of an effective EITS program, including a disease surveillance program and development of a Shelter Strike Team.
- c. Explain some other uses of an EITS.

Health Systems Track

Carson 3 & 4

91 Hospital and Emergency Department Design for the Multi-threat Environment: A Multi-objective Optimization Approach

(Scharen/Stangby)

1000-1100 hrs.

Michael Pietzak, M.D.

Project ER One, funded by the Office of Emergency Preparedness, is chartered to develop design advancements to enable emergency departments to be more secure and effective in the face of threats from disasters, epidemics and terrorism. Generic design concepts, features and specifications were developed in Phase I of the Project. Phase II of Project *ER One* initiated the development of a prototype design study for a demonstration facility. The presentation will review the key features and solutions incorporated in the design study and the logic for the specific solution chosen. Animated images and computerized modeling will demonstrate some design analysis capabilities as well key functions of the facility.

Behavioral Objectives: At the end of this session, the participant will be able to:

- a. Describe the concepts of threat assessments and vulnerability analyses to design application.
- b. Explain the use of modeling techniques in design decision making.
- c. Discuss ways to select various design features and technologies and apply them to meet your facility's design objectives.
- d. Identify some of the latest design concepts for medical facilities that have a major role in medical consequence management.

92 Preparing Staff

1100-1200 hrs.

2416 Craig Thorne, M.D., MPH
2417 Anthony McIntyre, M.D.
2418

2419 In today's hospital environment, emergency response planning must be
2420 integrated into everyday operations. Hospitals are already stretched from an insufficient
2421 number of beds to staffing shortages. In a disaster, additional concerns will impact your
2422 normal operations and planning for the impossible is now an issue hospitals must
2423 address. The speakers will discuss recommendations for education and preparedness
2424 for both clinical and non-clinical staff.
2425

2426 Behavioral Objectives: At the end of this session, the participant will be able to:
2427 a. Review the critical issues hospital face for disaster planning in today's world.
2428 b. Discuss the common concerns faced by both clinical and non-clinical hospital
2429 workers.
2430

2431 **Clinical Care, Military Support/FCC, Management & Coordination,**
2432 **Response Teams Operations and Clinical Tracks**
2433 Nevada 5 & 6
2434

2435 **93 Casualty Collection, Holding & Reporting Strategies** (Brewster)
2436 1000-1100 hrs.
2437 Jeff Rubin
2438 Lt.Col. William Kormos
2439 Scott Thresher
2440

2441 This session will provide attendees with the latest strategies for casualty
2442 collection, patient staging, medical regulating and aeromedical evacuation.
2443

2444 Behavioral Objectives: At the end of the session, participants will be prepared to:
2445 a. Describe the State of California's perspective and preparedness for moving
2446 patients from an area without adequate definitive care capabilities.
2447 b. Explain how the military would implement patient movement operations.
2448

2449 **Military Support/FCC and Management & Coordination Tracks**
2450 Nevada 5 and 6
2451

2452 **94 Patient Reception and Distribution** (Vojtasko)
2453 1100-1200 hrs.
2454 Luis Carreras
2455 DoD FCC tba
2456

2457 A critical element of the FCC's role is to coordinate the reception and
2458 redistribution of patients arriving in the patient reception area (PRA). Patients will be
2459 regulated and transported to the PRA based upon reported inpatient capability and
2460 capacity of the participating NDMS area hospitals. However, it is the role of the FCC to
2461 marshal and coordinate the local assets to receive the patients, determine the most
2462 appropriate hospital to which they are to be admitted, and transport the patient to that
2463 facility. Patient reception planning and execution is critical in that resources that are
2464 available to process arriving patients, and not simply available bed capacity, will
2465 ultimately determine the maximum number of patients that may be regulated to an

NDMS area within a 24-hour period. This session will focus on the essential activities that need to be incorporated into the development of a local patient reception plan, sources of information available through the USTRANSCOM Regulating and Command and Control System (TRAC²ES) to assist with hospital selection, and elements necessary to prepare for patient arrival at the land, aerial or water port. It will also highlight limiting factors that will ultimately determine numbers of patients that may be able to be processed at the reception area during a given time period.

Behavioral Objectives: At the completion of this session the participant will be able to:

- a. Develop a local Patient Reception Plan.
- b. Determine the type and sources of patient data available to assist the reception team in assigning patients to local NDMS hospitals.
- c. Become familiar with at least one locally developed system to track patients on arrival.
- d. Determine "Throughput" capability.

Response Teams Clinical Track

Nevada 3 & 4

95 Medical Consequences of Building Bombings (Ho)

1000-1100 hrs.

Mike Olinger, M.D.

The bombing of occupied buildings remains the greatest threat from terrorist attacks on US civilian populations.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Explain the primary mechanisms of injury due to a bomb blast.
- b. Describe the injury patterns victims will present with and understand the clinical caveats in treating these patients.
- c. Appreciate the complexities of successful rescues from collapsed buildings.
- d. Discuss the medical considerations in rescuing victims from collapsed buildings and how they differ from standard ATLS.
- e. Describe the pathophysiology of crush injuries and of crush syndrome.
- f. Explain the medical principles in preventing and treating crush syndrome.
- g. Discuss some of the controversies in treating crush injuries.

96 Metrolink Train Crash (Ho)

1100-1200 hrs.

Kenneth Miller, M.D., Ph.D.

On April 23, 2002, a freight train collided with a commuter train in an urban area of Orange County, CA, ultimately resulting in the triage, treatment and transport of 162 victims. Although mass casualty exercises are conducted quarterly and smaller multivictim incidents are common, this is the first 100+ victim incident in Orange County in recent memory. As such it was the first time many elements of the mass casualty plan were used in an actual incident. There were 2 fatalities with 21 immediate, 65 delayed and 76 minor triage categories by START criteria. Considering the extensive preparations for weapons of mass destruction mass casualty planning, this incident helped to reveal operational components of the County's mass casualty plan that need

further refining. This presentation will discuss the EMS operations and victim movement at the incident and present concepts including: primary and secondary triage, hospital communications, START Triage validation, optimal utilization of hospital and trauma center resources and handling of critical specialty patients as burn, trauma and pediatric, preplanning initial hospital victim capacity and surge capacity.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Discuss the organization and operations of victim triage, treatment and transport during a large multicasualty incident.
- b. Review FIREScope Multicasualty Incident Command.
- c. Review START Triage, it's application outside of trauma and existing validation study results.
- d. Discuss the use of secondary triage to optimize trauma center resource utilization.
- e. Discuss hospital resource utilization for trauma, burn and pediatric patients.
- f. Discuss hospital initial victim receiving capacity and surge capacity.
- g. Review hospital incident command (HEICS) and its effects on field operations.

DMORT Track

Nevada 9 & 10

97 Mass Fatality Incident Response and Fingerprint Identification

(Gregory)

1330-1500 hrs.

Art Bohanan

This session will provide an overview of the identification of victims by fingerprints. The attendees will learn that fingerprint identifications are possible even when bodies are recovered in a variety of conditions. They will learn how the fingerprints are recovered and the identification completed for a POSITIVE identification.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the process of fingerprint identification in DMORT operations.
- b. Explain some of the technologies used in fingerprint identification.

98 DNA (Gregory)

1100-1200 hrs.

David A. Boyer

This course is designed to provide an overview of the DNA identification and reassociation processes in mass fatality incidents, illustrate capabilities and limitations of DNA technology in that environment, and compare DNA results in recent mass fatality incidents to other more conventional identification means.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand the concept of identifying human remains by comparing DNA from unknown remains to direct and family references
- b. Delineate responsibilities of participating agencies in collecting, analyzing, and identifying DNA evidence
- c. Identify constraints limiting DNA results in mass fatality incidents

- d. List appropriate direct references and suitable family references of surviving kin for comparison
- e. Recognize selection criteria of intact and fragmented human remains for DNA testing

Mental Health Track

Crystal 3 & 4

99 Self-Care for Stress Inoculation

1000-11100 hrs.

Thomas M. Chegwiddden, MS, MFT

Nancy Brown

William Phillips

Linda Constant

You are more useful to the disaster victims if you take the time to take care of yourself. This segment focuses on prevention and coping with Vicarious Traumatization. Great for young disaster workers or long time veterans of disasters. Come learn or renew yourself in the techniques of stress management, burn-out prevention, and imagery/cognitive focusing techniques. Learn to design an individual coping plan through the use of personal, organizational, and professional resources for coping.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Identify two strategies to aid in preventing stress.
- b. Name four techniques to decrease stress during disaster work.
- c. Design an individual coping plan to reduce effects of stress.

100 Combat Stress Control (McAtee)

1100-1200 hrs.

James William Stokes, COL, MS, USA

Philip Gruzalski

With the certainty that NDMS will again deploy teams to incidents involving both mass casualties and fatalities, and the probability that some of these will involve toxic chemicals, biological epidemics, or radioactivity; it is essential to plan to mitigate the impact of extreme stress on team members during and after the event. The U.S. Military Combat Stress Control (CSC) practices can be adapted to address the impact of such stress in civilian as well as military responders, thereby maintaining optimal team response capabilities. At the WTC, IL-2 applied CSC principles and training to the FEMA US&R civilian teams.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the likely stressors and their affects in a major WMD terrorist event
- b. Describe the evolution and use of CSC in the Military, including future homeland security missions
- c. Describe the application of CSC at WTC
- d. Describe the potential use of CSC for NDMS and other emergency civilian teams.

Disaster Research Track

Silver State 3

101 Public Health System as an Emergency Responder (McGlown/Shoaf)

1000-1100 hrs.

Mary Davis, Dr.PH, MSPH

Khristine Gebbie, Dr.PH, R.N.

This session will explore current research on the public health system as a component of the emergency response system. Example topics may include surveillance systems, public health competency, and assessments of bioterrorism preparedness on the state and local level.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the development and implementation of a public health workforce training needs assessment survey
- b. Discuss preliminary finding from the public health workforce training needs assessment survey relevant to public health emergency response system.
- c. Describe the content of the competencies for emergency preparedness and bioterrorism for public health.

102 Research on First Responders (McGlown/Shoaf)

1100-1200 hrs.

a Research on First Responders

James Kendra, Ph.D.

This session will explore the current research on first responders including firefighters, search and rescue teams (including dogs), law enforcement, and emergent and convergent volunteers.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Define the phenomenon of emergent groups in a disaster situation
- b. Define the phenomenon of convergence in disaster situations
- c. Describe the similarities and differences found in emergence and convergence in the WTC disaster as compared to other disasters.

b Large Animals in Disaster Rescues--Brain over Brawn

Rebecca Gimenez, PhD, VMAT-3

Large Animals (horses, cattle, etc) require specialized rescue methods that take into account their prey instincts and stress responses, as well as their large size and powerful reactions – yet they can be delicate to handle medically. A review of videotaped rescues (as commonly shown on TV) has revealed numerous lapses in attention to patient protocols, responder safety and conduct on scene, and lack of knowledge of equipment that is easily available to conduct these rescue situations in an efficient and safe manner.

Large animal emergency rescue situations require a TEAM approach and must be based on the use of the incident command system to effect a safe rescue for victim and responders. VMAT is perfectly organized to be able to meet this challenge.

This session will focus on basic methods for removal of large animals (particularly horses) from common scenarios that will be encountered in a disaster environment – namely overturned trailers, animals stuck in mud, or fallen into a ditch/septic tank/pool/hole . Equally important is learning that there are simple, low risk alternatives available to VMAT personnel who understand the essential rules of technical rescue – where helicopters and fancy equipment may be unnecessary.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Understand that methodologies, training and equipment in this area have greatly improved over the last decade.
- b. Be familiar with the basics of large animal behavior, avoiding the use of the legs and head as handles, and safety concerns in rescue situations.
- c. Be familiar with the basics of large animal emergency rescue techniques and methods of extrication of large animals.
- d. Understand why a team approach is the only safe way to conduct a large animal rescue.

Systems Overview Track

Nevada 7

103 Evidence-based Disaster Planning, Part Two (Brewster)

1000-1100 hrs.

Erik Auf der Heide, M.D.

This session explores some epidemiological data from major U.S. disasters and applies this knowledge to valid assumptions for disaster planning.

Behavioral Objectives: At the end of this session, the participant will be prepared to :

- a. Describe some injury and illness data from major U.S. disasters.
- b. Explain how this data can be applied to disaster planning.

103 Noble Training Center (Burger)

1100-1200 hrs.

John Hoyle

The Noble Hospital Training Center presents instruction to emergency health and medical services professionals on a range of topics dealing with weapons of mass destruction and patient management in the definitive care setting.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the mission of Noble Training Center.
- b. Explain some of the training programs offered at Noble and how they differ from courses available in most communities.

Special Event

Luncheon

105 Que Creek Mine Rescue (Barbera, Ho)

1230-1330 hrs.

2716 Nick Colovos, M.D.
2717 Rick Kunkle
2718 Rodney Shabbick
2719

2720 The presentation will cover the following areas regarding the Quecreek Mine
2721 Rescue: The incident particulars, The unique medical problems - example
2722 decompression illness 240 feet underground and the interaction with the US Navy - Dr.
2723 Colovos The Command and Control structure and the planning decisions (the
2724 plan changed continuously as conditions changed) - Sacco or Kunkle
2725 How the plan was implemented at the "nuts and bolts" level (Thinking
2726 outside the box, where experience meets opportunity) - Hamilton
2727

2728 Behavioral Objectives: At the end of the session, participants will be prepared to:
2729 a. Provide an overview of the Que Creek mine rescue.
2730 b. Explain some of unique challenges faced by rescuers.
2731 c. Discuss some aspects of the incident medical plan.
2732

2733 **Wednesday Afternoon Concurrent Sessions**

2734 **Emergency Management, Public Health, Clinical Care, Health Systems** 2735 **and Systems Overview Tracks**

2736 Reno/Tahoe
2737

2738 **106 Looking back~Learning from 9/11** (Stangby)

2739 1330-1500 hrs.
2740 Mark Ackermann
2741 Eric Mannheimer, M.D.
2742 Sam Benson
2743
2744

2745 The lessons learned from the events of 9/11 will shape hospital disaster planning
2746 for many years to come. The speakers will review the critical events they faced on that
2747 day as well as the days and months that followed. Practical guidance for strengthening
2748 you response plan will be offered. Topics to be discussed include patient tracking,
2749 evidence collection, vendor utilization and family assistance.
2750

2751 Behavioral Objectives: At the end of this session, the participant will be prepared to:
2752 a. Review the critical lessons learned from 9/11 and how these may be
2753 incorporated into current planning efforts
2754 b. Discuss the role of the hospital provider in evidence collection and working with
2755 law enforcement
2756 c. Review the need for a family assistance program at your facility and the key
2757 components to its success
2758

2759 **Military Support/FCC Track**

2760 Silver State 2
2761

2762 **107 Federal Partners Update** (Vojtasko)

2763 1330-1500 hrs.
2764 Michael Feeser

This session will be presented and facilitated by the members of the newly established Federal Coordinating Center (FCC) Coordination Group. The FCC Coordinating Group was chartered in the Fall of 2002 by the NDMS Directorate Staff to address topical issues specific to the role and functioning of FCCs within the NDMS. In addition, the FCC Coordination Group also will function as an advisory group to the Director of NDMS for operational issues upon NDMS activation. During this session members of the group will discuss their charter, progress to date, and present and future role with regard to issues, functions, roles and responsibilities of the FCC. A major portion of the session will be devoted to an "open forum" to receive and provide feedback to participants regarding FCC related issues and concerns.

Behavioral Objectives: At this end of this session the participant will be able to

- a. Identify the members and functions of the FCC Coordination Group.
- b. Become acquainted with current efforts to address issues and areas for improvement of FCC operations.
- c. Identify problems and issues that can or will affect the effectiveness of FCCs in fulfilling their roles and responsibilities.

Management & Coordination Track

Nevada 5 & 6

108 Patient Tracking and Disaster Welfare Inquiry (Brewster)

1600-1730 hrs.

Ed Sommerfield

Rod Hickey

The American Red Cross is tasked by ESF #6 of the Federal Response Plan to collect information to operate a Disaster Welfare Information (DWI) system. Under the plan, ESF #8 is tasked to provide appropriate casualty/patient information to the American Red Cross for inclusion in the DWI system. The purpose of this session will be to enlighten participants on the DWI process and dependence on multi-sourced information. Also addressed will be the specific data requirements needed from ESF #8 to aid DWI in locating those being sought following a catastrophic incident. Finally, system improvements which include an overview of the Disaster Services Technical Integration Plan (DSTIP) as it applies to DWI, and the new developments that will help DWI meet its requirements following a catastrophic event.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the mission and roles of the American Red Cross under the Federal Response Plan.
- b. Explain the components of the Disaster Welfare Inquiry (DWI) system.
- c. Discuss the applications and limitations of the DWI system.

Response Teams Operations and Clinical Tracks

Nevada 1-4

109 U.S. Navy Hospital Ships – Unique, Flexible and Capable (Rymer)

1330-1500 hrs.

Captain John D. Malone

Session will explore the collaborations with USNS Mercy and the potential medical management of civilians in catastrophic events with augmentation by DMATs.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the capabilities of the U.S. Navy Hospital Ships (USNS MERCY and USNS COMFORT) and utilization in disaster response.
- b. Explain the use of civilian response teams aboard ship.
- c. Discuss the logistical and operational aspects of shipboard medical care.

DMORT Track

Nevada 9 & 10

110 Odontology (Gregory)

1100-1200 hrs.

Doug Yauch

Utilizing the DPMU equipment and WinID software to properly meet mission goals for forensic dentists in disaster situations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role of the forensic dentist in DMORT operations.
- b. Explain some of the technologies used in forensic dentistry in the field..

Mental Health Track

Crystal 3 & 4

111 Grief Knows No Time (McAtee)

1330-1500 hrs.

Delores Johnson

Paul Clements, Ph.D.

Grief takes time, but more importantly, it often knows no time. The effects of the attacks on America are far-reaching and continue even today. Revealed here are lessons learned from the bereaved and the healing people of our country.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the variety of effects created by events such as September 11, 2001.
- b. Explain some of the signs and symptoms of mental health illnesses caused by traumatic events.
- c. Discuss the role of the crisis counselor in these situations.

Disaster Research Track

Silver State 3

112 Disaster Research Track Wrapup

1330-1500 hrs.

K. Joanne McGlown, RN, Ph.D.

This session provides an overview of the highlights from each speaker and topic presented during the 3-day Research Track. For those who couldn't attend all sessions, the most important points will be summarized in concise fashion.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify the current topics being addressed by the emergency /disaster medical research community
- b. State at least three new results from research conducted over the last year in this field that will benefit operations in your region, state or nation.
- c. List the steps and important factors involved in conducting good disaster medical research and know how to apply these lessons to personal research projects or project results for review.

Wednesday Afternoon General Session

113 Keynote Address:

Integrating Health and Medical Operations within the Department of Homeland Security (Williams. Brewster)

The Office of Homeland Security - invited
1515-1600 hrs.

Closing Ceremony

1600-1630
NDMS Partner Agency Representatives

Adjournment